

Application to Renew Individual License

For Department Use Only

INSURANCE LICENSE NO: _____

SOCIAL SECURITY NO: _____

LICENSE EXPIRATION DATE: _____ / _____ / _____
Month day year

NAME: _____
Last, First Middle

The application for renewal of an expired license may be filed up to one year from the expiration date of your license.

Check license type(s) you are renewing:

<input type="checkbox"/> Life Agent (LX)	\$124	<input type="checkbox"/> Fire & Casualty Broker-Agent (FX)	\$124
<input type="checkbox"/> Part Time Fraternal (PF)	\$124	<input type="checkbox"/> Surplus Line Broker (SL)	\$1,038
<input type="checkbox"/> Life & Disability Analyst (LA)	\$418	<input type="checkbox"/> Special Lines' Surplus Line Broker (SP)	\$1,038*
<input type="checkbox"/> Travel Agent (TA)	\$42	<input type="checkbox"/> Motor Club Agent (MC)	\$124
		<input type="checkbox"/> Cargo Shipper's Agent (CS)	\$42

*If renewing both Surplus Line Broker and Special Lines' Surplus Line Broker submit only one filing fee. TOTAL FEES DUE
Non-resident fees are retaliatory and may be higher than fees shown above.

RENEWAL APPLICATION CERTIFICATIONS

- ① Have you, or your organization or any of its officers, directors, or 10% or greater shareholders (if you are renewing an organization license), been the subject of any administrative agency disciplinary action since your last previous application? YES ☐ NO ☐
- ② Have you, since your last previous application to the California Department of Insurance, been convicted of a crime? YES ☐ NO ☐

"Crime" includes a felony, a misdemeanor or a military offense. "Convicted" includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court.

IMPORTANT NOTICE: If you have answered "YES" to ① or ②, attach a detailed statement, signed by you, of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, CERTIFIED BY THE COURT, of the Criminal Complaint and Minute Order showing the final plea, judgement and sentence.

APPLICANT'S CERTIFICATION:

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have read the forgoing renewal application certifications and know the contents thereof and that each statement therein made is full, true and correct. Pursuant to Insurance Code Sections 1703 and 1733, I authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

③ _____ (_____) _____
APPLICANT'S SIGNATURE PHONE DATE CITY STATE

Non-residents must submit an original letter of certification from your resident license jurisdiction dated within 90 days of submission. (Copy of license is not acceptable.)

Fees and signed application must be postmarked and CE hours, if applicable, must be completed by the expiration date of your license. If postmarked and/or completed after that date, an additional delinquent fee of 50% is due and all appointments, endorsements and employee/employer relationships will have to be re-established with the appropriate forms and fees.

If your continuing education requirements were met and renewal paid by license expiration date, you may continue operating under the existing license for 60 days or until notified that the renewal application is deficient (IC Section 1720).

Any change of address must be reported directly to the Department, by one of the following methods or you may submit with your renewal:

Mail to: California Department of Insurance
320 Capitol Mall
Sacramento, CA 95814

FAX to: (916) 327-6907

Email to: License.Bureau@insurance.ca.gov

For a change of name, attach a signed and dated statement giving the reason for the change. You will be notified of any further requirements.

WARNING: The terms of this renewal may be limited by the Family Support Law, Welfare and Institutions Code Section 11350.6.

Make check payable to: CALIFORNIA DEPARTMENT OF INSURANCE
Mail to: P.O. Box 311
Sacramento, CA 95812-0311

Information: (800) 967-9331

Form 448-29 (Rev. 11/2000)